

**APPLICATION FOR SOLID WASTE FACILITY PERMIT AND WASTE DISCHARGE REQUIREMENTS**

CALRECYCLE E-1-77 (Rev. 11-15)

NOTE: This form has been developed for multiple uses. It is the transmittal sheet for documents required to be submitted to the appropriate agency.

Please refer to the attached instructions for definitions of terms and for completing this application form in a complete and correct manner.

**FOR OFFICIAL USE ONLY**

SWIS/WDID/Global ID NUMBER: <b>37-AA-0020</b>	FILING FEE: <b>N/A</b>	RECEIPT NUMBER: <b>N/A</b>	DATE RECEIVED: <b>9/13/17</b>
DATE ACCEPTED: <b>10/10/17</b>	DATE REJECTED: <b>N/A</b>	ACCEPTANCE DATE OF INCOMPLETE APPLICATION: <b>N/A</b>	DATE DUE: <b>N/A</b>

**Part 1. GENERAL INFORMATION**

A. ENFORCEMENT AGENCY: <b>CalRecycle/LEA San Diego</b>	B. COUNTY: <b>San Diego</b>
C. TYPE OF APPLICATION (Check one box only):	
<input type="checkbox"/> 1. NEW SWFP and/or WDRS	<input type="checkbox"/> 4. PERMIT REVIEW
<input type="checkbox"/> 2. CHANGE TO SWFP and/or WDRS <input checked="" type="checkbox"/> REVISION <input type="checkbox"/> MODIFICATION <input type="checkbox"/> OTHER (As authorized by law)	<input type="checkbox"/> 5. AMENDMENT OF APPLICATION
<input type="checkbox"/> 3. WAIVER	<input checked="" type="checkbox"/> 6. RFI/ROWD/JTD AMENDMENTS

**Part 2. FACILITY DESCRIPTION**

A. NAME OF FACILITY:  
**West Miramar Sanitary Landfill**

B. LOCATION OF FACILITY:

1. PHYSICAL ADDRESS OR LOCATION AND ZIP CODE:  
**5180 Convoy Street, San Diego, CA 92111**

2. LATITUDE AND LONGITUDE:  
**32 51' 363" N 117 9.786" W**

3. LEGAL DESCRIPTION OF PERMITTED BOUNDARY BY SECTION, TOWNSHIP, RANGE, BASE, AND MERIDIAN, IF SURVEYED:

C. TYPE OF ACTIVITY: (Check applicable boxes):

<input checked="" type="checkbox"/> 1. DISPOSAL a. TYPE: <b>MSW</b>	<input type="checkbox"/> 3. TRANSFORMATION	<input type="checkbox"/> 5. C&D/INERT DEBRIS PROCESSING
<input type="checkbox"/> 2. COMPOSTABLE MATERIALS HANDLING a. TYPE: _____	<input type="checkbox"/> 4. TRANSFER/PROCESSING	<input type="checkbox"/> 6. IN-VESSEL DIGESTION
		<input type="checkbox"/> 7. OTHER (describe): _____

**D. IDENTIFICATION OF FACILITY IN CIWMP [CONFORMANCE FINDING]:**

☐ 1. FACILITY IS IDENTIFIED IN (Check one):

<input checked="" type="checkbox"/> SITING ELEMENT	DATE OF DOCUMENT _____	PAGE # _____
<input type="checkbox"/> NONDISPOSAL FACILITY ELEMENT	DATE OF DOCUMENT _____	PAGE # _____

**E. TYPE OF PERMITTED WASTES TO BE RECEIVED: (Check applicable boxes):**

<input checked="" type="checkbox"/> 1. AGRICULTURAL	<input checked="" type="checkbox"/> 6. CONSTRUCTION/DEMOLITION	<input type="checkbox"/> 11. LIQUIDS
<input checked="" type="checkbox"/> 2. ASBESTOS <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-friable	<input checked="" type="checkbox"/> 7. CONTAMINATED SOILS	<input checked="" type="checkbox"/> 12. MUNICIPAL SOLID WASTE (MSW)
<input checked="" type="checkbox"/> 3. ASH	<input checked="" type="checkbox"/> 8. DEAD ANIMALS	<input checked="" type="checkbox"/> 13. SEWAGE SLUDGE
<input type="checkbox"/> 4. AUTO SHREDDER	<input checked="" type="checkbox"/> 9. INDUSTRIAL	<input checked="" type="checkbox"/> 14. WASTE TIRES
<input checked="" type="checkbox"/> 5. COMPOSTABLE MATERIAL (describe): <b>Green Waste</b>	<input checked="" type="checkbox"/> 10. INERT	<input checked="" type="checkbox"/> 15. OTHER (describe): <b>Large Bulky Waste</b>

**Part 3. FACILITY INFORMATION****A. FACILITY INFORMATION:****1. INFORMATION APPLICABLE TO ALL EXISTING FACILITIES:**

a. MAXIMUM DAILY TONNAGE  
OR CUBIC YARDS 8,000 tons per day

b. AS-DESIGNED DAILY TONNAGE  
OR CUBIC YARDS 10,750 tons per day

c. FACILITY SIZE (acres) 801.45 Permitted Acres

d. MAXIMUM TRAFFIC VOLUME PER DAY  
(vpd) 2,000 vehicle per day

e. DAYS AND HOURS OF OPERATION 7 days/week; 07:00 -16:30

**2. PROPOSED CHANGE(S) OR INFORMATION APPLICABLE TO NEW SWFP  
AND/OR WDR:**

a. MAXIMUM DAILY TONNAGE  
OR CUBIC YARDS \_\_\_\_\_

b. AS-DESIGNED DAILY TONNAGE  
OR CUBIC YARDS \_\_\_\_\_

c. FACILITY SIZE (acres) \_\_\_\_\_

d. MAXIMUM TRAFFIC VOLUME PER DAY  
(vpd) \_\_\_\_\_

e. DAYS AND HOURS OF OPERATION \_\_\_\_\_

f. OTHER Modify JTD Section 9 to add the use of EPI's Enviro  
Cover system as ADC. See Attachment A.

**3. ADDITIONAL INFO. REQUIRED FOR COMPOSTABLE MATERIALS HANDLING FACILITIES ONLY:**

a. TOTAL SITE CAPACITY (cu yds) \_\_\_\_\_

**4. ADDITIONAL INFORMATION REQUIRED FOR LANDFILLS ONLY:**

a. AVERAGE DAILY TONNAGE (TPD) 2,425 TPD

b. SITE CAPACITY CURRENTLY PERMITTED (Airspace) (cu yds) 87,760,000 cu yds

c. SITE CAPACITY PROPOSED (Airspace) (cu yds) 87,760,000 cu yds

d. SITE CAPACITY USED TO DATE (Airspace) (cu yds) 76,127,898 cu yds

e. SITE CAPACITY REMAINING (Airspace) (cu yds) 11,632,102 cu yds

f. DATE OF CAPACITY INFORMATION (Date) (See Instructions): July 31, 2017

g. LAST PHYSICAL SITE SURVEY (Date) January 8, 2017

h. ESTIMATED CLOSURE DATE (month and year) September 2025

i. DISPOSAL FOOTPRINT (acres) 476.29 acres

j. SITE CAPACITY PLANNED (cu yds) 0

k. 1. (i) IN-PLACE WASTE DENSITY (lbs of waste per cu yd of waste)  
AND  
(ii) WASTE-TO-COVER RATIO (Estimated) (v/v)  
OR  
2. AIRSPACE UTILIZATION FACTOR (tons of waste per cu yd of landfill airspace) 0.68

**Part 4. SOURCE OF WATER SUPPLY (Check applicable boxes)**

☒ A. MUNICIPAL OR UTILITY SERVICE: Recycled water: CSD Wastewater Dept. (9192 Topaz Way, San Diego, CA 92129,  
Potable Water: CSD Water Dept. (525 B St., San Diego, CA 92101)

☐ B. INDIVIDUAL (wells): \_\_\_\_\_

☐ C. SURFACE SUPPLY:

1. NAME OF STREAM, LAKE, ETC.: \_\_\_\_\_

2. TYPE OF WATER RIGHTS:

☐ RIPARIAN

☐ APPROPRIATION

3. STATE PERMIT OR LICENSE NUMBER, IF APPLICABLE: \_\_\_\_\_

☒ D. OTHER: Storm Water Retention Basins

**Part 5. COMPLIANCE WITH CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) (Check applicable boxes)****A. CHECK BOX(ES) IF ENVIRONMENTAL DOCUMENT WAS OR WILL BE PREPARED FOR THIS PROJECT:**

- ☐ 1. ENVIRONMENTAL DOCUMENT WAS PREPARED:
- ☐ ENVIRONMENTAL IMPACT REPORT (EIR) SCH# \_\_\_\_\_
- ☐ NEGATIVE DECLARATION (ND)/MITIGATED NEGATIVE DECLARATION (MND) SCH# \_\_\_\_\_
- ☐ ADDENDUM TO (Identify environmental document) \_\_\_\_\_ SCH# \_\_\_\_\_
- ☐ 2. ENVIRONMENTAL DOCUMENT WILL BE PREPARED (Enter lead agency if known): \_\_\_\_\_

**B. IF ENVIRONMENTAL DOCUMENT(S) WAS NOT PREPARED, PLEASE PROVIDE THE FOLLOWING INFORMATION:**

☒ CATEGORICAL/STATUTORY EXEMPTION (CE/SE)  
EXEMPTION TYPE CE

CEQA Guidelines, Section 15301, Class I  
GUIDELINE # Categorical Exemption

**Part 6. LIST OF ATTACHMENTS (Fill in the date for each document checked)****A. REQUIRED WITH ALL APPLICATION SUBMITTALS:**

- ☒ RFI/JTD See JTD (4/2014) pgs 9-1 to 9-6
- ☒ LOCATION MAP See JTD (4/2014) Vol 1, Fig 1
- ☐ MITIGATION MONITORING & REPORTING PROGRAM \_\_\_\_\_
- ☐ LIST OF PUBLIC HEARINGS AND OTHER MEETINGS OPEN TO THE PUBLIC \_\_\_\_\_
- ☒ ENVIRONMENTAL DOCUMENT(S):  
W. Mira EIR 79021910; Final PEIS/MEIS 7/94 (9404414)  
☒ EIR 6/5/94: (96021056), 4/30/01: (200105103)
- ☐ MND/ND \_\_\_\_\_
- ☐ EXEMPTION \_\_\_\_\_
- ☐ ADDENDUM \_\_\_\_\_

**B. ADDITIONAL REQUIRED DOCUMENTS FOR DISPOSAL FACILITIES ONLY:**

- ☒ OPERATING LIABILITY FINANCIAL MECHANISM See CalRecycle Letter dated 9/12/17
- ☒ FINANCIAL RESPONSIBILITY DOCUMENTATION See CalRecycle Letter dated 9/12/17
- ☒ CLOSURE/POST CLOSURE MAINTENANCE PLAN
- ☒ KNOWN OR REASONABLY FORSEEABLE CORRECTIVE ACTION COST ESTIMATES  
See JTD Vol II Append D
- ☒ PRELIMINARY See JTD (4/2014) Vol 1, Sec 14
- ☐ FINAL \_\_\_\_\_
- ☒ LANDFILL CAPACITY SURVEY RESULTS (see instruction) See JTD Vol II Append B

**C. IF APPLICABLE:**

- ☐ REPORT OF WASTE DISCHARGE \_\_\_\_\_
- ☐ DEPT. OF TOXIC SUBSTANCES CONTROL OR CERTIFIED UNIFIED PROGRAM AGENCY PERMIT \_\_\_\_\_
- ☐ STORMWATER PERMIT APPLICATION \_\_\_\_\_
- ☐ SWAT (Air and water) \_\_\_\_\_
- ☐ NPDES PERMIT APPLICATION \_\_\_\_\_
- ☐ WETLANDS PERMITS \_\_\_\_\_
- ☒ OTHER Lease Agreement: See JTD Vol II, Append A
- ☐ VERIFICATION OF FIRE DISTRICT COMPLIANCE \_\_\_\_\_

**Part 7. OWNER INFORMATION (For disposal site, if operator is different from land owner, attach lease or other agreement)****TYPE OF BUSINESS:**

- ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION ☒ GOVERNMENT AGENCY

OWNER(S) OF LAND (Name): United States of America  
Department of the Navy  
Marine Corps Air Station - Miramar

**ADDRESS, CITY, STATE, ZIP**

Commanding Officer, S-4  
MCAS Miramar  
P.O. Box 452007  
San Diego, CA 92145-2007

**SSN OR TAX ID #****TELEPHONE #:**

(858) 577-6678

**FAX #:**

(858) 577-4694

**E-MAIL ADDRESS:**

delmar.lake@USMC.Mil

**CONTACT PERSON (Print Name):**

Mr. Delmar Lake

**Part 8. OPERATOR INFORMATION** (For disposal site, if operator is different from land owner, attach lease or other agreement)

TYPE OF BUSINESS:

☐ SOLE PROPRIETORSHIP☐ PARTNERSHIP☐ CORPORATION☒ GOVERNMENT AGENCY

FACILITY OPERATOR(S)

(Name):

City of San Diego  
Environmental Services Department  
Disposal and Environmental Protection Division

SSN OR TAX ID #:

800-98445-5  
Federal: 95-60000776

ADDRESS, CITY, STATE, ZIP

City of San Diego  
Environmental Services Department  
Disposal and Environmental Protection Division  
9601 Ridgehaven Court, Suite 310  
San Diego, CA 92123

TELEPHONE #:

(858) 573-1275

FAX #:

(858) 492-5041

E-MAIL ADDRESS:

mthompson@sandiego.gov

CONTACT PERSON (Print Name):

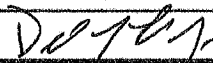
Mr. Michael D. Thompson

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:

Same as above; Attn: Michael D. Thompson

**Part 9. SIGNATURE BLOCK**

Owner:



MARINE CORP AIR STATION - MIRAMAR

I certify under penalty of perjury that the information I provided for this application and for any attachments is true and accurate to the best of my knowledge and belief. I am aware that the operator intends to operate a solid waste facility at the site specified above pursuant to this application and understand that I may be responsible for the site should the operator fail to meet applicable requirements.

SIGNATURE (LAND OWNER OR AGENT):



PRINTED NAME: Delmar Lake

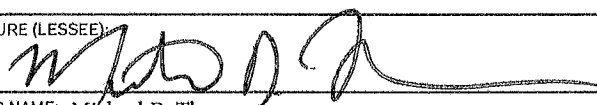
TITLE: Deputy Director, I&amp;L

DATE:

Lessee:

I certify under penalty of perjury that the information I provided for this application and for any attachments is true and accurate to the best of my knowledge and belief. I am aware that the operator intends to operate a solid waste facility at the site specified above pursuant to this application.

SIGNATURE (LESSEE):



PRINTED NAME: Michael D. Thompson

13-SEP-2017

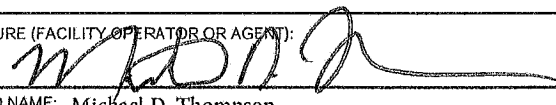
TITLE: Deputy Director, Environmental Services Department

DATE:

Operator:

I certify under penalty of perjury that the information contained in this application and all attachments are true and accurate to the best of my knowledge and belief.

SIGNATURE (FACILITY OPERATOR OR AGENT):



PRINTED NAME: Michael D. Thompson

13-SEP-2017

TITLE: Deputy Director, Environmental Services Department

DATE:

**Part 10. OTHER** (Attach additional sheets to explain any responses that need clarification).



## DEPARTMENT OF RESOURCES RECYCLING AND RECOVERY

1001 I STREET, SACRAMENTO, CALIFORNIA 95814 • [WWW.CALRECYCLE.CA.GOV](http://WWW.CALRECYCLE.CA.GOV) • (916) 322-4027  
P.O. BOX 4025, SACRAMENTO, CALIFORNIA 95812

September 12, 2017

Mark zu Hone, Landfill Operations Program Manager  
City of San Diego  
Environmental Services Department  
9601 Ridgehaven Court, Suite 310  
San Diego, CA 92123

Subject: Approval of Financial Assurances Demonstrations for Closure,  
Postclosure Maintenance and Corrective Action Costs of West Miramar Landfill,  
Facility No. 37-AA-0020

Dear Mr. zu Hone,

The Department of Resources Recycling and Recovery (CalRecycle) staff reviewed the financial assurances demonstrations submitted for West Miramar Landfill. As a result of this review, CalRecycle finds the Enterprise Fund balances for closure, postclosure maintenance, and corrective action costs are currently adequately funded, based on the capacity information submitted by the operator, as specified in Title 27, California Code of Regulations (CCR), Division 2, Subdivision 1, Chapter 6, Subchapter 3, Article 2, section 22241.

The City of San Diego is also required to demonstrate financial responsibility for operating liability claims. An acceptable financial assurances demonstration for operating liability has been submitted, and meets the requirements of Title 27, CCR, section 22252.

If you have any questions regarding this determination, please contact me at (916) 341-6323, or at [elizabeth.felix@calrecycle.ca.gov](mailto:elizabeth.felix@calrecycle.ca.gov).

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Felix".

Elizabeth Felix  
Financial Assurances Unit

Copies via Email:

Samuel Alatorre, Environmental Services Department, City of San Diego  
Bill Prinz, City of San Diego, LEA, Development Services Department  
Patrick Snider, Permitting and LEA Support, CalRecycle

